

UTAH DEPARTMENT OF HEALTH  
BUREAU OF CHILD CARE LICENSING  
P. O. Box 142003  
Salt Lake City, Utah 84114-2003

**FAMILY/FAMILY GROUP LICENSE APPLICATION**

**A. IDENTIFYING INFORMATION:**

FACILITY NAME \_\_\_\_\_ TELEPHONE# (\_\_\_\_) \_\_\_\_\_

INTERPRETER NAME (if applicable) \_\_\_\_\_ TELEPHONE# (\_\_\_\_) \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN \_\_\_\_\_

FACILITY MAILING ADDRESS \_\_\_\_\_

CITY & ZIP \_\_\_\_\_

FACILITY STREET ADDRESS \_\_\_\_\_

CITY & ZIP \_\_\_\_\_

FOOD PROGRAM PROVIDER \_\_\_\_\_

HAVE YOU BEEN PREVIOUSLY CERTIFIED OR LICENSED WITH THE STATE? ☐ YES ☐ NO

**B. ACTION REQUESTED:** (Check (✓) all that apply). Application is complete when copies of all items listed are submitted to the Bureau of Child Care Licensing.

Initial License ☐ (Include \$50.00 fee, CBS/MIS Consent & Release of Liability form, fire clearance and business license)

*\* Check with your city to see how to obtain these items. Cities may choose to prosecute child care providers who do not obtain these clearances.*

Renewal ☐ (Include fees and renewal CBS/MIS Consent & Release of Liability form)

Change Location ☐ (Include *current* fire clearance and *current* business license)

Change Name ☐ (Previously known as \_\_\_\_\_)

Change Capacity ☐ (Requested capacity) \_\_\_\_\_

Change Category ☐ (Include fees, CBS/MIS Consent & Release of Liability form, fire clearance and business license)

\*There is a \$25.00 fee if more than two changes are made per year.

**TYPE OF FACILITY:** (Check (✓) appropriate box)

☐ FAMILY (1-8 children) \_\_\_\_\_

☐ Family Group (9-16 children) \_\_\_\_\_

**D. FAMILY AND FAMILY GROUP PROVIDERS, PLEASE COMPLETE HOUSEHOLD MEMBERS CHART:**

Names & DOB of Household Members:

Name	Date of Birth	Name	Date of Birth
1.		5.	
2.		6.	
3.		7.	
4.		8.	

**E. CRIMINAL IDENTIFICATION SCREENING (CBS/MIS) - ATTACH COMPLETED FORMS:**

Utah Code 26-39-107 requires that each person requesting to be licensed or to renew a license under this chapter shall submit to the department the name and other identifying information, which may include fingerprints, of existing, new, and proposed: owners; directors; members of the governing body; employees; providers of care; and volunteers; except parents of children enrolled in the programs. The information shall be used to screen the individuals for criminal history through the Bureau of Criminal Identification (BCI) and the DHS Management Information System.

- ☐ Family (include CBS/MIS Consent &Release of Liability form on persons 18 and over residing in the home and substitutes)
- ☐ Family Group (include CBS/MIS Consent &Release of Liability form on persons 18 and over residing in the home, second care givers and substitutes)

**F. CERTIFICATION OF UNDERSTANDING:**

I \_\_\_\_\_, as \_\_\_\_\_  
(Name) (Title)

of the above named facility, understand this request constitutes a Request of Agency Action as specified in Utah Code Ann. 63-46b(3) and serves as the formal document upon which a licensure decision will be based. I agree to abide by the rules promulgated by the State of Utah for this category of child care facility and do hereby state that the information provided on this application is true to the best of my knowledge and belief.

I agree to allow authorized representatives of the Department of Health, upon representation of proper identification, to enter the facility at any reasonable time without a warrant and to review facility records and documents, interview providers and children as necessary to ascertain compliance with State licensing law and rules promulgated by the Department of Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date